REGULATED MEDICAL WASTE

On March 6, l989 the New Jersey Comprehensive Regulated Medical Waste Management Act (Comprehensive Act) was signed into law. This law, as well as earlier state and federal regulatory programs, was primarily in response to beach wash-up incidents along eastern coastal areas during the summers of 1987 and 1988. As a fundamental component of the Comprehensive Act, the New Jersey Departments of Environmental Protection (DEP or department) and Health and Senior Services (DHSS) (departments) formulated a comprehensive regulated medical waste (RMW) management plan (RMW State Plan) addressing the immediate, interim and long-term needs of the state. That management plan was issued in 1993 as the Solid Waste Management State Plan Update 1993-2002 in Section II: Comprehensive Regulated Medical Waste Management Plan.

Generally, the Comprehensive Act specified plan contents in the three areas of: baseline information of generator, waste composition and quantity information and disposal practices including an inventory of available treatment and disposal technologies, forecasting of generation rates and waste composition, and county disposal capacity; and, addressing the application of the most appropriate statewide RMW disposal strategy; the degree to which RMW can be recycled; the appropriateness of accepting RMW for incineration at county resource recovery facilities; the need, if any, for a small quantity generator exemption from regulation; and rule changes necessary to fully implement the Comprehensive Act.

During the period of the Solid Waste Management State Plan Update 1993-2002 - Section II Comprehensive Regulated Medical Waste Management Plan the departments established baseline information and monitored the accuracy of the prior forecasts. In 1993, there were over 16,000 generators of RMW in New Jersey while today in 2002 there are approximately 18,000 generators. These data reflect the identification and management of medically-related waste pursuant to regulations presently in effect. Data analysis has been performed in the following areas: RMW generation by facility type; waste generation by county; waste composition by class (i.e., sharps, pathological waste, cultures and stocks, etc.); transporter inventory; and disposal capacity by county.

J.1 Alternative Treatment Technology Review

Alternative Treatment Technology Review

The Department, in conjunction with the Department of Health and Senior Services (DHSS) oversees the review and approval of RMW treatment technologies that are an alternative to incineration pursuant to N.J.A.C. 7:26-3A.47. The (DHSS) approves the treatment efficacy of these technologies based upon the standards set forth by the State and Territorial Association on Alternate Treatment Technologies and other health-based criteria. The guidelines followed are the inactivation of vegetative bacteria, fungi, lipophilic/hydrophilic viruses, parasites and mycobacteria at a 6 Log10 reduction or greater. The Departments have authorized nine such technologies for use in New Jersey for the treatment and destruction of RMW. These technologies were approved separately during the period of May 4, 1994 through November 8, 2000. There are currently 12 Registered sites operating one of these approved technologies in New Jersey. There are no commercial facilities operating any of these technologies. There is a single application for such a facility under review. By the end of 2003 the only facilities in New Jersey that treat and destroy RMW on-site will be either the 7 on-site incinerators or one of these authorized alternative technologies (see appendix table J-1).

J.2. Body Art Regulation

Doctors first used tattoos in 1853. The public health risks inherent to these practices arise largely from the use of sharps and the potential to transmit bloodborne pathogens. Therefore, in 2001 the Department of Health & Senior

Services promulgated N.J.A.C. 7:26-8:27 entitled "Body Art Procedures". These new training and licensing requirements significantly raise the current standards among body art professionals. This subchapter incorporates the RMW regulations at N.J.A.C. 7:26-3A by cross-reference. This will insure safe handling and disposal of sharps generated by Tattoo, Body Piercers and permanent cosmetic professionals. Prior to the adoption of these rules no state standards existed for this industry. As a result of this rule the number of body art establishments that have registered with DEP as medical waste generators has risen to 101 establishments. This is up from 35 in 2001 and there were none registered in 2000.

J.3. Floatables and Abandonment Monitoring

The Interagency Protocol For Response to Medical Waste Abandonments and Marine Floatables Incidents is a document that is compiled and updated each year by the various agencies involved and is distributed to local health departments by Memorial Day. The Department coordinates this activity, in conjunction with the Department of Health and Senior Services and several other State agencies. The protocol outlines the procedures for notification and response in the event of exposures to potentially infectious waste that can occur near the shore but also inland and usually in the warm weather season. The Protocol is responsible for helping coordinate agencies' responses to medical waste and other wastes that might have escaped the RMW and Solid Waste Streams to be handled responsibly. The Department has continued its publication of this document yearly through the years 1993 through 2002. Due to recent events, in 2002 a reporting procedure and new definition were included in the protocol to reflect the potential risk of bioterrorism.

J.4. RMW - Generation Trends

Most of the RMW generated in New Jersey was generated by general medical centers until 1998. In that year, dialysis centers generated approximately the same amount of RMW as general medical centers, though dialysis wastes are in the form of liquid RMW, while general medical centers generate mostly solid RMW. In subsequent years dialysis centers have surpassed general medical centers in generation of RMW. Liquid RMW generation has risen steadily since 1990. Since 1999, dialysis centers, which generate almost solely liquid RMW as dialysate, have generated over two thirds of New Jersey' s RMW on a weight basis. Most of this liquid waste is not transported over roadways but is disposed of via the sanitary sewer. Liquid RMW totals remained under 10,000 tons until 1998 when the total liquid RMW reached over 16,000 tons. Since then liquid RMW generation has nearly tripled and peaked with nearly 60,000 tons in the year 2000 (see appendix tables J-2 and J-3). The Department suspects that the increase is largely due to improved reporting and data collection efforts and may not represent actual increases of new liquid RMW generated by the facilities. In the future, reporting of liquid RMW generation is expected to decrease with the delisting of dialysate as a RMW in recent regulatory amendments adopted December 2001.

J.5. RMW- Security and Bioterrorism

The advent of real concerns about future bioterrorist incidents whereby large-scale epidemics of contagious disease are caused by the intentional release of biohazardous agents by terrorists raises the issue of disposal of the wastes related to these incidents. Various forms of wastes would be generated by such incidents including: decontamination, medical, and home self-care wastes. Decontamination wastes would emanate from both wrapping contaminated materials and also disinfected materials that would still be considered contaminated to ensure safe disposal. Facilities and practitioners that treated affected persons would generate medical wastes on a large scale. A large-scale bioterrorism incident would of its very nature produce much larger amounts of waste than the regulated medical waste management infrastructure presently handles. Further, more types of patient-contact materials than are normally considered regulated medical wastes would be included in the waste categorization such as the present Class 6 Isolation Waste class to prevent additional exposures to the

contaminated materials. A large-scale incident would also likely mean that much patient care would necessarily take place in home or nontraditional medical facilities such as temporary infirmaries to handle large numbers of affected persons. Contamination could quite literally be almost everywhere. Home self-care medical wastes are exempted from regulation under present law, but in the event of an release of a virulent and highly contagious agent wastes from homes and related patient contact wastes would need to be handled as regulated medical waste.

Consideration needs to be given to requesting the Legislature amend New Jersey's Comprehensive Regulated Medical Waste Management Act (CRMWMA) for inclusion of agents used or intended for use in terroristic incidents, including related home self-care wastes not normally regulated under the present CRMWMA law. At present the CRMWMA addresses both certain listed and characteristic medical wastes generated from the treatment, immunization or diagnosis of humans, certain research, biological production and animal wastes. Wastes contaminated with biological agents hazardous to human health outside medical or research arenas may not be covered by the CRMWMA. As an analogy, hazardous chemical wastes generated at site cleanups are managed under the authority of both State and Federal hazardous waste regulations based on the character of the waste not the source of waste generation as is the case with medical wastes under the CRMWMA.

Transporters and disposal facilities are not authorized or licensed to transport or process wastes other than regulated medical waste. Amending the CRMWMA to include wastes known or suspected of containing dangerous biological agents from any source, for example those on New Jersey Select Agent List or biological agent registry, would allow the existing medical waste companies and medical facilities with expertise in packaging and handling infectious agents to help deal with wastes generated during cleanup of biological or certain toxic agents at contaminated sites, or other situations unrelated to direct medical or research venues covered by the existing CRMWMA State law.

The commercial infrastructure of transporters and disposal facilities would be of great value to assist in the proper handling, transport and disposal of secured biologicals and biological cleanup wastes. In a large-scale incident, the existing medical waste infrastructure established for disposing of medical wastes could be instantly mobilized to assist with management of wastes from accidental or terroristic releases of certain biological or toxic agents.

J.6. RMW- Regulatory Issues

Irrespective of whether the CRMWMA is amended to directly address biological incidents beyond the medical, research and biological production arenas as outlined above, the regulated medical waste regulations at N.J.A.C. 7:26-3A et seq. need to be evaluated for updating in view of new agents such as Prions that were not recognized years ago as being nearly indestructible and the possibility of medical facilities needing to deal with new Biosafety Level 3 and 4 agents.

Regulatory issues needing evaluation in view of new agents such as Prions and the threats of bioterrorism include:

More clearly defining proper packaging requirements and disposal facilities for wastes known or suspected of containing select list biologicals in view of the present regulatory reference to Class 6 Isolation Wastes; (i.e., prions require complete incinerative oxidation, or complete hydrolysis through various chemical mechanisms such as alkaline or other extreme chemical oxidative hydrolysis and, therefore, are not suitable for many management approaches including incomplete incineration which occurs in most typical waste incinerators.)

incorporating references to appropriate Federal and/or international regulations and guidance;

addressing security of containers of wastes containing select list agents;

addressing geographical transportation continuous tracking/monitoring and reporting as well as higher levels of security and packaging (if not preempted) for in-state transport of select-agent wastes; and

further evaluation of the existing medical waste regulations following any future recommendations of the Domestic Security Task Force or other government agency recommendations.

Other regulatory issues needing evaluation for regulatory clarification to ensure the safe management and disposal of more dangerous medical wastes in the future and for relaxation of regulatory provisions based on historical compliance patterns, are as follows:

Develop a permitting process to allow commercial privately owned wastewater treatment works to accept liquid RMW for treatment;

relax the intermediate handler requirements for in-house treatment of wastes in line with the recommendations of the DHSS;

ensure the proper treatment of Prions create a separate waste class of RMW that is known or suspected of containing Prions to distinguish such waste from other RMW. Also, specify proper treatment methods for prions as prions require particularly unique destruction requirements making them unsuitable for treatment by normal means used for other RMW containing more typical infectious agents and wastes containing these agents should be isolated for special treatment;

specify the permitting requirements for commercial RMW treatment, destruction and processing facilities;

clarify and simplify the requirements for certifying bona fide out-of-state RMW processors for generators using mail order disposal systems to out-of-state facilities;

explain in regulation how to manage RMW that has been abandoned;

to prevent concentrated amounts of infectious agents from being disposed of into the municipal sewerage system specify that Class 1 Cultures and Stocks of Infectious Agents cannot be disposed of in that manner; and

develop an on-line system for completion of the annual generator reports to allow simple entry of the information at the source of generation.

PROGRAM ANALYSIS
Bureau of Compliance and Enforcement
Office of Investigations and Enforcement
June 5, 1995

The Regulated Medical Waste Program was initiated near the end of 1988 and has now been in existence for seven years. Since this time, Solid Waste Enforcement (currently known as the Office of Investigations and

Enforcement), in conjunction with the New Jersey Department of Health, have performed over 28,000 inspections, issued 700+ Administrative Orders and responded to and investigated over 350 incidents involving mishandled regulated medical waste (RMW).

This analysis has been prepared as a means of determining the effectiveness of our enforcement program as it relates to RMW and also to identify any areas in which additional attention should currently be directed so as to help prevent any negative trends from developing.

The majority of the statistical information used in this report was obtained from the OTIS Mainframe database and was provided courtesy of Charles Davenport, NJDOH. Statistics regarding Administrative Orders was obtained from the Bureau of Compliance & Enforcement's QA-History database courtesy of Mary Lawson, OIE. All statistics used for this analysis are attached at the close of this report.

The RMW population, while having a seven year average of approximately 15,000 entities, is slowly increasing. This year it is estimated that the number of regulated entities will increase to 16,800. At the same time, (with deference to the initial start up period of 1989 to the end of 1990), we continue to inspect approximately one-third of the population per year, consistent with the three year, total population inspection schedule. The first round of inspections was completed at or around the end of 1992. The second round is estimated to be completed by the end of this year (see appendix table J-5).

Appendix table J-5 also illustrates the number of entities which passed inspection (i.e. did not receive any NOV's) in comparison to those that failed inspection. For the first round of inspections (1989 to 1992), the averaged pass/fail ratio was 55% passed to 45% failed. For the current round (1993 to the end of 1995), the estimated average ratio will be 63% passed to 37% failed.

It is appropriate to note that for the first round of inspections, the pass/fail ratio, while being close, was also very consistent. For the second round, this pass/fail ratio has been increasingly divergent, in the positive, i.e., the number of entities passing inspection continue to increase while the number of entities failing inspection, continues to decrease. For 1995 to date, the pass/fail ratio stands at 73% passing to 27% failing.

In addition to reviewing rates of compliance, we also looked at the number and types of violations (serious as opposed to routine) issued over time, as well as the yearly totals of recorded RMW incidents received by this Office.

Appendix table J-6 illustrates the total number of violations issued in comparison to the number of `failed' inspections conducted. Naturally, as the number of the `failed' inspections decreases, the number of violations should decrease accordingly. But, what this graph also illustrates is that, since 1992, the number of violations issued, has significantly decreased, over and above, the expected corresponding decrease of the inspection failure rate. In other words, in addition to a decreasing inspection failure rate and its corollary, an increasing passing rate, the number of violations being issued per violator during a failed inspection, has also significantly decreased. As noted in the statistical charts at the end of this report, in 1992, the number of violations issued to each violator during a `failed' inspection averaged 5.6 violations. For 1995, this average has dropped to 2.7 violations per `failed' inspection.

In addition to observing the decrease in numbers of violations, we have also noted a gradual decrease in the ratio of serious violations issued, (those which have the largest impact to the intent of the program, both environmental and functional), to `other' lesser violations considered routine. Appendix table J-6 illustrates, by year, this decreasing trend. It is worth noting that this ratio, has historically, been relatively small, (<15%), even in the earliest stages of the program.

As previously stated, another aspect of the program which was reviewed was the number of RMW incidents/complaints received by this Office. While we acknowledge that some early data is not available, and that not all incidents and complaints are founded, it would still appear (see Appendix table J-7), that this area is also enjoying a decrease in numbers.

We conclude there are a number of reasons for this overall increase in compliance. Obviously, over time, the individual physicians, hospitals, transporters, etc. and their professional support associations (AMA, ADA, etc.) are becoming increasingly aware and educated on the requirements of the regulations. As noted in Appendix table J-8, the current trend towards increased compliance seems to have started at the beginning of 1992, which is when the first round of inspections was completed.

The issuance of administrative orders, illustrated on Appendix Table J-9, which began just slightly prior to 1992 and ended in the beginning of 1995 and while only being sent to an average of less than 5% of the entire regulated community, also seems to have contributed to this trend.

Lastly, increased interaction with the NJDOH and the Division of Solid and Hazardous Waste (DSHW) to ensure that inspections are conducted uniformly and that the information supplied is consistent and up-to-date has also contributed to this endeavor.

The last aspect of this analysis was to identify any areas currently in need of attention. To accomplish this, we reviewed violation tallies to see if there were any program areas, (aside from the previously discussed `serious violations' which indicate increased compliance), in which the number of violations were actually increasing. This review determined that there are five areas in need of additional attention.

1. Although the number of generators failing to register has declined, the number of generators registering in the wrong category and the number of generators who fail to pay registration fees on time continues to increase.

From the inspections perspective, we can remind these people of their registration responsibilities, however we currently only see approximately one-third of the population in each registration year. DSHW has proposed late fees that may help in alleviating the latter problem, but something will have to be developed to address the `category' issue. Perhaps, some form of a reminder should be sent to each generator at registration time, asking them to check how much waste they generate prior to paying the registration fee.

2. Violations of the requirements for self-transportation of RMW has increased.

There appear to be two reasons for this increase, one is that more generators now self-transport than previously. The other is that Enforcement is scrutinizing this activity more now, than in the past, as we were originally concentrating on attaining compliance with the major aspects of the program (registration, segregation, transportation, packaging and tracking form usage). Two potential solutions may be to either let the learning curve takes its course (the more inspections the better), or consider revising the regulations to make this activity less complicated.

3. Violations of the three year retention schedule for generator tracking forms and annual reports has increased.

This is an odd violation to have for this industry, let alone be on the increase. Our conclusion is that since it appears the generator's administrators and office managers have a high turnover rate, and since we are only inspecting some of these facilities once every three years, these types of records (which are not maintained as well as patient files, to begin with) are not adequately attended.

4. Failure of generators to follow-up when they fail to receive a copy of the executed tracking form.

These violations really stem from the efficiency of the disposal facility that the generator utilizes, in forwarding the disposal copy back to the generator. Since the generator still retains the original, partially completed tracking form, we can still track the waste with a few additional phone calls. As a potential solution, in addition to a reminder during inspections, another suggestion would be to issue a RMW advisory letter reinforcing this

> The Department of Health and Senior Services (DHSS), under the auspices of the Public Health Sanit4tion and Safety Program, has been performing the following responsibilities pursuit to the. Memorandum of Understanding with Department of Environmental Protection (DEP) relative to Regulated Medical Waste (RMW) requirements:
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> In July 1997 the responsibility for inspecting and providing technical assistance to all RMW generators was shifted to the DHSS. Previously.. thin was a shared responsibility with the DEP. Without additional resources the DH99' assumed the direct responsibility to inspect the more than. 18,500 active RMW registered generators located throughout the 21 counties of New Jersey. Since the onset of the R1VIW regulation there have been more than 54,200 inspections conducted. Over the last three calendar years, (2000-2002) an average of 2,965 inspections were conducted per year. In addition to inspections, field investigations are conducted relative to non-licensed generators and cases of abandonment of medical waste.

requirement. We could try to persuade the disposal facilities to be more efficient, however all the disposal facilities are currently located out-of-state and out of our jurisdiction.

5. Although the numbers of violations for generator logging, incomplete tracking forms lacking non-essential information and submissions of annual reports is on the decline, these violations still account for the majority of the NOV's issued.

DSHW proposes to substantially reduce the generator logging requirements, which we are sure, will have a direct impact on the overall number of violations issued. As for the other items, we again, suggest some form of advisory letter to be forwarded to the RMW community advising and reminding them of their responsibilities. At least these letters would notify all the generators in the same year as opposed to the third of the community that Enforcement currently inspects in the same year.

Interim Analysis

Overall, this Office determines the RMW Enforcement Program to be relatively successful in accomplishing compliance throughout the regulated medical waste community and towards reaching its goal of 100% compliance. (See Appendix table J-4 and J-10.) The current (1995) compliance rates are most encouraging. A note of caution is raised, in that, effective June 1994, OIE modified some aspects of our program from the way we were previously doing business, (specifically, limiting the issuance of AO/NOCAPA's to embrace the `grace period initiative') and are uncertain what ramifications, if any, will result. Should we observe an increase in non-compliance and determine that an increased inspection frequency is not possible, we would request relief from the grace period initiative. We are also aware of the possibility of the inspection frequency schedule changing to a five year schedule as opposed to the current three year schedule. Again, we are unsure of the ramifications resulting from such actions.

Regulated Medical Waste Project
Generator Inspection Information
3/03

To address the task of inspecting the vast number of generators, steps were implemented to incorporate inspection frequency modifications. The basisc tenet of this frequency schedule is that the larger generators that have potentially more problems, would be inspected on a more frequent basis. The basic frequency of inspecting Regulated Medical Waste Generators is outlined below:

GENERATOR CATEGORY	WEIGHT PER YEAR (PDS.)	INSPECTION FREQUENCY
1	Less than 50	Eve 5-7 .ears
2	50-200 .	Eve 3-S ears
3	200-300	Eve 2 ears
4	300-1000	Eve ear
5	Greater than 1000	Twice per ear

Using the total of 18,514 active generators and multiplying it by the frequency of inspections by weight generation equals an approximate average of 5,000 inspections that are designated to be completed each year. Historically there have never been sufficient monies to fund the necessary number of Registered Environmental Health inspectors to complete the expected "minimum" number of inspections per annum. To address this problematic situation, the criterion to be used in addition to the Inspection Frequency Percentage by Generator Category was the compliance history of the generator.

The following table illustrates that since 1996 large category generators have been targeted at a rate of approximately 500% higher then prior years:

Large Generators Inspected as a. Percentage of Total

Calendar **Year**	DHSS **Total Ins ections**	**Total Inspections**	**3-4-5 Generators** Insoected	**3-4-5 Percentage** Total Inspected
2003	437	437	206	47%
2002	2184	2184	481-	22%
2001	2476	2476	804	33%
2000	3931	3931	860	22%
1999	2646	2646	861	33%
1998	2383	2383	834	35%
1997	3285	3285 .	725	22%

Note 1997 was the first full calendar year that DHSS conducted all generator inspections

1996	3562	4328	326	8%
1995	4272	6758	419	6%
1994	2937	5357	338	6%
1993	3416	5870	377	6%
1992	2778	7072	239	3%

Generators with repeated or numerous violations will be targeted for another inspection to assure compliance of past improprieties. The generators with a violation history will be inspected based upon the severity of the past violation(s) and the date of their last inspection. The philosophy of this inspection methodology is to educate the generator into compliance. With this inspection schedule plan, a Category 1 generator with a good inspection history. may not be inspected in excess of 7 years, therefore it is imperative to have each generator understand the RMW regulations and be in the highest degree of compliance possible: To date there has been success with this inspectional approach. The inspection compliance rate has basically improved each year since the inception of the RMW statute. However it should be noted, that since the DHSS has been targeting generators that have failed to pay the appropriate registrations fees, inspections were purposefully scheduled with known violations. Therefore the compliance rate has beers directly reduced. If only the last date of inspection was used as. the criteria for scheduling inspection than obviously the compliance rate would be significantly higher. Please refer to the following table:

Inspection Compliance* Rate by Calendar Year 1990-2003

3/15/03)

Calendar Year	DHSS Compliance Rate %	DEP Compliance Rate
2003	72.4	N/A
2002	68.6	NIA
2001	72.3	N/A
2000	66.8	N/A
1999	65.1	N/A
1998	65.2	N/A
1997	64.1	N/A

Note 1997 was the first full calendar ear that DHSS conducted all eneratovinspections.

1996	66.8	74.2
1995	71.8	73.6
1994	63.2	57.6
.1993	53.3	59.8
1992	35.1	64.8
1991	21.6	77.3
1990	15.9	75.3

***compliance denotes an inspection where no violations were issuea.w':**

Currently, each field inspector is assigned specific municipalities throughout the state. Each inspector receives a comprehensive listing of each generation their territories including information concerning last inspection date, and financial payment history. The regulated Medical Waste Project in addition, to the Telnet System, maintains a data retrieval network; the "Medical Waste Access Program" to facilitate this Project's ability to create; review; and analyze inspection information to provide the needed data subsets to field inspectors and DEP. This Access Program allows the Regulated Medical Waste Project to produce comprehensive listings to target appropriate RMW generators who are due for inspection or are delinquent in paying appropriate registration fees:

With the enactment in 1989 of the "Comprehensive Regulated Medical Waste Management Act", a heightened public awareness regarding the proper management and disposal of RMW has resulted. Today the more than 18,000 registered RMW generators in NJ dispose of an estimated 35,000 tons of RMW annually.. New Jersey's medical waste regulations, federal EPA regulations, and United States Department of Transportation regulations governing the interstate transport of RMW, now ensure that RMW continues to be managed safely. As a result of these measures, incidents of improper or unsafe treatment, handling and disposal of medical waste are uncommon. However, incidents do still occur either by accident or in deference to existing laws.

Infrequently exposure may result from contact with improperly handled RMW. Though remote there is an increased risk of disease. The Regulated Medical Waste Project provides the necessary consultation, advisement and investigation if appropriate. This Project is solely responsible for the surveillance of needlestick injuries and human exposure to medical waste. Relative to each exposure, case management is orchestrated that involves the completions of a questionnaire and assisting the treating physician. The victim is instructed to report immediately to their primary care physician and/or clinic. The current immunization status is ascertained relative to the victim. Tetanus vaccination should be current. Hepatitis B vaccination and HIV serological testing is recommended if appropriate. HIV counseling is available if requested. This service is available during and after normal business hours 24 hours, 7 days per week. This Project, relative to all reported needlestick injuries and human exposure to medical waste, maintains a case file System database. Since 1989 there have been more than 300 human exposures to medical waste reported to this program.

The Regulated Medical Waste Project has the sole responsibility. to address all incidents involving medical waste throughout the state. Incidents involving medical waste are such things as: emergency response, consumer and regulated community complaints, .assistance to other state and local governmental agencies, abandonment of RMW, motor vehicle accidents involving ,medical .waste, beach wash-up of medical waste, employee and consumer medical Waste exposures, needlestick surveillance, site remediation; and personal protection recommendations and techniques. This Regulated Medical Waste Project response is twenty-four hours per' day, days per week..

The Regulated Medical Waste Project provides the following technical ,support and assistance to field staff, DEP, regulated community and the general public relevant to medical waste issues: telephone and general consultations, legislative arid legal review, assistance and review of letter of regulation interpretations, monthly deports, scheduling of priority activities and inspections, internal audits of data systems, standard operating procedures, problematic inspectional issues, and the satisfaction of inquiries and information. Requests

The funding for the Regulated Medical Waste Project has been static since the onset of the regulation in 1988. The responsibility for regulatory compliance was increased two-fold in 1996 when all inspectional responsibility and technical assistance to RMW generators was transferred from the Department of Environmental Protection solely to DHSS. Due to fiscal constraints, both past and current, the Department has been and will be unable to fulfill X11 its obligations and responsibilities under the Comprehensive Regulated Medical Waste Management Act.